



2020 Retired Employee Flexible Benefits Guide

What You Should Know About Enrollment

Does my plan cover hearing aids?

When can I enroll?

Can do I make a change to coverage during the year?

What does my vision plan cover?



**MOUNTAINEER
FLEXIBLE BENEFITS**
FBMC BENEFITS MANAGEMENT, INC.

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Key Things To Know



Welcome to your Retiree Mountaineer Flexible Benefits Plan. FBMC Benefits Management, Inc. (FBMC) administers this plan for PEIA. This guide will provide you with information about the benefits available to you and your dependents, as well as information on how to enroll.

Please note the following:

- This is a changes-only enrollment. If you do not make changes during open enrollment, your benefits will roll over and you will continue to be liable for all premiums due. To make changes, please submit a new enrollment form.
- If you are a currently enrolled retiree and you do not want to change your benefits for the new plan year, you do not have to complete an enrollment form.

- Retirees who would like to add or change benefits during open enrollment must complete an enrollment form in its entirety and return it to FBMC by mail.
- Newly-eligible retirees will have the month of and two months following from the date of their retirement to return the enrollment form. Benefits do not automatically roll over from active employment into retirement.
- Please keep this benefits guide for reference during the plan year.

How To Enroll

If you wish to keep your current benefits you do not need to complete a Retiree Enrollment Form. Retirees wishing to elect or change coverage must complete the enrollment form.

Enrollment Form Section 1

Be sure to follow the instructions in this section.

Enrollment Form Section 2

Complete all of your personal information.

Enrollment Form Section 3

Mark each benefit and tier level you are selecting.

Remember to complete all requested information for your benefits.

Enrollment Form Section 4

If you selected dependent coverage (child, spouse, family) for dental, vision, legal and/or hearing benefits, you must complete this section. This includes the dependents' names, relationship to you, birth dates and Social Security numbers. Send FBMC the white copy of the form and keep the yellow copy for your records.

If your retirement date is after July 1, 2019, your enrollment form must be submitted within the month of retirement and two months following your retirement date. Your coverage will be effective the first day of the month following your retirement and you will be billed accordingly.

Dental Care: You may select one of the four Delta Dental plans, including: Routine Plan, Assistance Plan, Basic Plan or Enhanced Plan.

- Check the type of coverage you are choosing.
- If you are selecting 'Retiree & Children,' 'Retiree & Spouse,' or 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

Vision Care: You may choose either the Full Service Plan or the Exam Plus Plan, but not both. Check the type of coverage you are choosing. If you select 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

Hearing Benefit: If you are selecting 'Retiree & Children,' 'Retiree & Spouse' or 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

Group Legal Plan: You must complete the dependent information in Section 4.

PLEASE SEND THE WHITE COPY OF THE FORM TO:

FBMC Benefits Management, Inc.
Retiree and Direct Bill Department
PO Box 10789
Tallahassee, Florida 32302-2789

Until your CPRB deductions or ACH (electronic) payments begin, payment by personal check or money order is required. You will receive an enrollment summary report upon enrolling, which will include where to submit your monthly premium until CPRB or ACH deductions begin.

Eligibility + Payments

Who is Eligible?

An eligible retiree is a retired employee (or his/her surviving spouse) of the State of West Virginia, a County Board of Education, or a non-state agency who currently receives income from the WV Consolidated Public Retirement Board (CPRB) or a TIAA-CREF retirement plan.

Note for New Retirees: Benefits do not automatically roll over from active employment into retirement.

How to Enroll During the Plan Year

If you wish to enroll in vision, dental, legal or hearing coverage, you will need to complete, sign and return the enclosed Retiree Enrollment Form within the month of and two months following your retirement. Your coverage will be effective the first day of the month following your retirement and you will be billed accordingly. If you do not enroll during this time, you must wait until the next open enrollment period to participate.

For more information, please contact the FBMC Service Center at 1-844-55-WVA4U (1-844-559-8248).

Making Payments

- **State of West Virginia Retirement System Retirees**

Payment for vision, dental, legal and hearing benefits will be deducted from your West Virginia CPRB retirement check, unless premium costs are greater than the total amount of your check. In this instance, payment made direct to FBMC as directed on the monthly enrollment summary report.

Until deductions begin, payment by personal check or money order is required. Full premium payment(s) must be paid by the due date specified. You will receive an enrollment summary report upon enrolling, which will include where to submit your premium until CPRB deductions begin.

- **TIAA-CREF Retirees**

Payment by personal check or money order should be sent with the monthly enrollment summary report you receive and must be paid by the due date specified.

Retiree and Billing

If you are electing CPRB pension deductions, please be advised of the following:

- Confirm that you are currently receiving a pension check.
- Allow time to process your pension deductions as this may take 30 – 90 days to begin deducting.
- Review your pension statement or bank account each month to ensure that deductions have been taken.
- Prepare to send payment by check or money order if your premium has not been deducted.

Dental



You may choose from the following dental plans:

- Routine Plan
- Assistance Plan
- Basic Plan
- Enhanced Plan

With Delta Dental, you have complete freedom of choice in selecting a dentist. You can choose a dentist from the Delta Dental Premier® or Delta Dental PPOSM networks, or a dentist who does not participate in either network. Your choice of dentist can determine your cost savings.

Save on out-of-pocket costs

PPO dentists have agreed to reduced fees that are often lower than Premier fees. This helps you cover more services under your annual maximum.

As with your **Premier network** dentist's plan, you won't get charged more than your expected share of the bill when you visit a PPO dentist. You won't have to submit any claim paperwork when you visit a Delta Dental dentist.

How can I tell if my dentist is Premier or PPO?

Your dentist might already be a PPO dentist. To find out, enter your dentist's name in the Find a Dentist search at deltadentalins.com. You can also call your dental office to confirm. Ask whether your dentist is a "contracted Delta Dental PPO dentist."

Online Services

Get information about your plan anytime, anywhere by signing up for an Online Services account. Available once your coverage kicks in, this free service lets you find a network dentist, view or print your ID card and more. The one-time registration process takes only a minute. Receive an email when a new dental benefits statement is available. Save time, reduce clutter and preserve environmental resources. To enroll, log in to Online Services and update your settings at deltadentalins.com.

Further Information

Eligible retirees may cover your spouse and your eligible children up to age 26.

See the chart on page 8 for a partial list of covered services. Call Delta Dental for more information concerning your benefits, to view a list of exclusions or to request a claim form. **Certificates of Coverage can be found at myfbmc.com.**

There are no ID cards distributed with these plans.

Submit claim forms to:

Delta Dental of West Virginia Plan #01058
PO Box 2105
Mechanicsburg, PA 17055-2105

Customer Service: 1-800-932-0783

TTY/TDD: 1-888-373-3582.

How to Print your ID card

1. Go to deltadentalins.com.
2. Log in to Online Services with your username and password. (If you don't already have a username or password, click "Register Today" link to complete the quick registration process.)
3. Once you've logged in, click the "Eligibility & Benefits" tab.
4. Select "Print ID card" on the left-hand side of the page. (If you do not see this option, in some instances you may also need to click on the "Eligibility & Benefits" link on the left-hand side of the page before you have the option to select "Print an ID card.")
5. Click "Print."

NOTE: The card is not required to obtain services.

PLAN #01058

Dental

YOUR MONTHLY DENTAL RATES

Routine

Retiree Only	\$11.17
Retiree & Children	\$22.40
Retiree & Spouse	\$24.99
Retiree & Family	\$36.28

Assistance

Retiree Only	\$12.07
Retiree & Children	\$24.20
Retiree & Spouse	\$27.00
Retiree & Family	\$39.19

Basic

Retiree Only	\$17.27
Retiree & Children	\$34.58
Retiree & Spouse	\$38.54
Retiree & Family	\$55.89

Enhanced

Retiree Only	\$28.72
Retiree & Children	\$57.44
Retiree & Spouse	\$66.70
Retiree & Family	\$95.28

DENTAL TIPS:

- Twice-a-year dental cleanings are an important part of maintaining your oral and overall health. Call your dentist for an appointment today.
- Your toothbrush won't last forever. Three months is a typical lifespan, but whenever the bristles start to become bent, it's time to go shopping.



Visit mysmilecoverage.com
– a one-stop-shop for oral
health tools and tips, including
videos, recipes and Grin!, our free
oral wellness e-magazine.

Dental

Call Delta Dental for more information concerning your benefits, to view a list of exclusions or to request a claim form. This is not a full list of the terms and conditions applicable to the benefits outlined below. Please contact Delta Dental at 1-800-932-0783 or review the certificate of coverage for more information.

	ROUTINE PLAN	ASSISTANCE PLAN	BASIC PLAN	ENHANCED PLAN
Deductible (Per Person Per Plan Year) - Maximum total family deductible	No deductible	You pay \$25 (applies to all services)* \$75	You pay \$25 (applies to all services)* \$75	You pay \$50 (diagnostic, preventive and ortho are exempt) \$150
Plan Year Max (Per Person) - Delta Dental network dentist - Non-participating dentist	\$500 \$500	\$750 \$500	\$750 \$500	\$1,250 \$1,000
Other Maximums - Ortho Lifetime Max (Paid over two plan years) - TMJ Disorder	N/A N/A	N/A N/A	N/A N/A	\$1,000 \$500
BENEFIT	PLAN PAYS	PLAN PAYS	PLAN PAYS	PLAN PAYS
Diagnostic/Preventive Services*** Visits/Exams (twice in a plan year) - Routine cleaning (twice in a plan year) - Fluoride treatments (to age 19, twice in a plan year) - Bitewing X-rays (twice in a plan year) - Space maintainers (to age 14) - Sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars)	100%*	100%*	80%*	100%*
Basic Restorative** - Amalgam ("silver") and composite ("white") on anterior teeth and the facial surface of bicuspsids	N/A	25%*	80%*	80%*
Oral Surgery - Extractions - Oral surgery procedures (Medical is primary for impactions) - General anesthesia and IV sedation are benefitted with all covered oral surgery procedures and with select endodontic and periodontic surgeries.	N/A	25%*	80%*	80%*
Endodontics - Pulpal therapy - Root canal therapy	N/A	25%*	80%*	80%*
Periodontics*** - Treatment for gums and supporting structures	N/A	25%*	80%*	80%*
Major Restorative** - Inlays, onlays, crowns (crowns for natural teeth, not implants)	N/A	NOT COVERED	NOT COVERED	50%*
Prosthodontic** - Bridges, Full and partial dentures, Denture adjustments/relining	N/A	NOT COVERED	NOT COVERED	50%*
Orthodontia** - For eligible dependent children to age 26, employees and spouses	N/A	NOT COVERED	NOT COVERED	50%*
TMJ	N/A	NOT COVERED	NOT COVERED	50%*

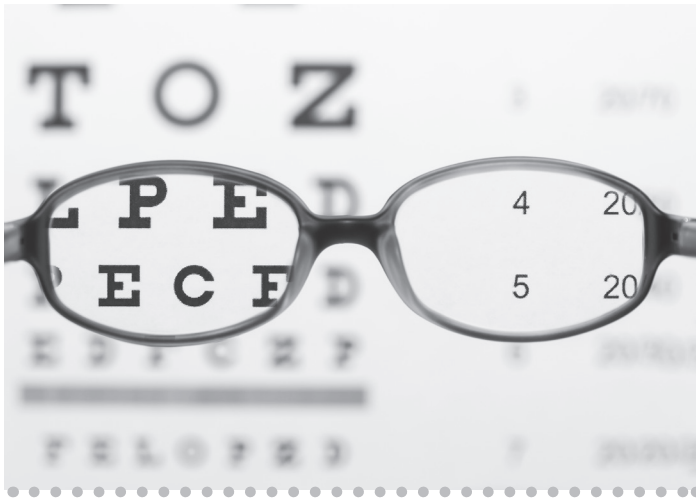
* Deductible waived for diagnostic/preventive procedures at Delta Dental PPO Provider. Deductible applies to all services rendered by Delta Dental Premier and non-participating dentists.

** Percentage is based on Delta Dental's applicable Maximum Plan Allowance or the dentist's fee, whichever is less (the Allowed Amount). The Delta Dental payment under the program, plus the patient payment, equals the Allowed Amount, which is accepted by Delta Dental participating dentists as full payment. Participating dentists are paid directly by Delta Dental, and by agreement cannot bill you more than the applicable Copayment, deductible or charges where maximums have been exceeded for covered services. By selecting a participating dentist, you always limit your out-of-pocket costs. For services performed by non-participating dentists, Delta Dental sends the benefit payment directly to you. You are responsible for paying the non-participating dentist's total fee, which may include amounts in addition to your share of Delta Dental's Allowed Amount. Out-of-pocket costs may also include applicable Copayments, deductibles, charges where maximums have been exceeded, and services not covered by the Group Dental Service Contract. Maximum Plan Allowance is an amount, determined by Delta Dental, from claim charges submitted on a regional basis for a given service by dentists of similar training within the same geographical area. These charges are blended by Delta Dental with dentist fee information from a number of other sources, using various factors, subject to regulatory limitations and adjustment for extraordinary circumstances, such as extreme difficulty or unusual circumstances.

*** Basic Restorative have a 30-day exclusion. Major Restorative, Prosthodontics, and Orthodontics require six month plan participation.

**** Enhanced benefits for pregnancy, which include an additional oral evaluation and a choice of an additional periodontal scaling, root planing or prophylaxis, or additional periodontal maintenance procedure are covered.

Vision



You may choose from the following vision plans:

- Full Service Vision Plan
- Exam Plus Vision Plan

MetLife Vision Plan continues to be your vision plan provider. You may choose to cover your family by selecting the “Employee & Family” rates. You may cover your spouse and any children, stepchildren or foster children up to age 26.

Value-Added Benefit

Diabetic Eyecare Program – Provides additional coverage through medical diagnosis and procedure codes specifically targeted toward members with Type 1 diabetes.

How To Use These Plans

To obtain vision care benefits, call a MetLife Vision member doctor, identify yourself as a MetLife Vision patient and make an appointment. The doctor’s office will verify the patient’s eligibility and plan coverage and obtain authorization from MetLife Vision. **There are no ID cards distributed with these plans.**

The doctor will explain any additional charges. After you pay your Copayment, the doctor will take care of all the paperwork.

If you prefer, you can visit a non-member doctor and pay the doctor’s normal charges. Save your itemized receipt and mail it, along with the MetLife Vision Member Reimbursement Form, within six months of service date to:

MetLife Vision Claims
PO Box 385018
Birmingham, AL 35238-5018

Claim forms with the correct address can be downloaded from mybenefits.metlife.com/westvirginia. For more information, contact MetLife Vision’s Customer Service Line at 1-855-638-7339 (855-MET-SEE9).

YOUR MONTHLY VISION RATES

Full Service Plan

Retiree Only	\$7.74
Retiree & Family	\$19.69

Exam Plus Plan

Retiree Only	\$1.33
Retiree & Family	\$3.03

MyBenefits – MetLife’s Self-Service Website

Logging on to the MyBenefits website:

1. Go to the MyBenefits website at mybenefits.metlife.com/westvirginia
2. Complete the Account sign-in process by entering your username and password or
3. If you are a first-time user, click on the “Register Now” button
 - Provide your first name, last name, date of birth, Social Security number and email address
 - Create your own user name and password
 - Select three security questions and provide your answers, in the event you forget your user name or password in the future
4. Read and agree to the MyBenefits website’s terms of use
5. You will see a “Thank You” page and a registration confirmation email will be sent to the email address you provided while registering

Find a participating eye care professional

1. Click on the Find a Vision Provider near you link at: mybenefits.metlife.com/westvirginia
2. Enter your ZIP code or address
3. Add additional information to refine your search for a vision provider
4. Select your plan: Full Service or Exam Plus Vision Plan

You can also call MetLife Vision at 1-855-MET-SEE9 (1-855-638-7339) for access to the 24/7 Interactive Voice Response system.

Print a personalized Vision ID card

- A Vision ID card is not required to obtain services
 - Please note you will not be able to obtain an ID card until you are enrolled in the MetLife Vision Plan
1. Click on Get My Vision ID card (located on right side of the landing page)
 2. Select the state where you reside
 3. The vision identification card will be displayed
 4. Using the printer icon located on top right of page – print your card

Vision

This is not a full list of the terms and conditions applicable to the benefits outlined below. Please contact 1-855-MET-SEE9 (1-855-638-7339) or review the certificate of coverage for more information.

	FULL SERVICE VISION PLAN		EXAM PLUS VISION PLAN	
	METLIFE MEMBER DOCTOR	NON-MEMBER DOCTOR	METLIFE MEMBER DOCTOR	NON-MEMBER DOCTOR
Copayments[†] Exam Copay Exam Frequency Prescription Glasses	\$20 Once per year \$20	Covered up to \$35 allowance Once per year \$0	\$10 Once per year Not covered	Covered up to \$35 allowance Once per year Not covered
Vision Examination (every plan year)	Covered in full after copay	\$35	Covered in full after copay	\$35
Lenses (every plan year) ^{***} Single Vision Lenses ^{**} Bifocal Lenses - (including progressive lenses) ^{**} Trifocal Lenses Lenticular Lenses ^{**}	Covered in full Covered in full Covered in full Covered in full	Covered up to \$25 Covered up to \$40 Covered up to \$55 Covered up to \$80	20% Savings at private practice locations only (Does NOT apply to Walmart/Sams Club)	Not covered
Frames (every other plan year) (Up to \$150 allowance) Sams Club/Walmart \$85.00 allowance	Covered in full*	Covered up to \$45	20% Savings at private practice locations only (Does NOT apply to Walmart/Sams Club)	Not covered
Contact Lenses^{**} (in place of lenses & frames) Necessary [†] Elective Fitting and evaluation	Covered in full ^{***} \$150 Allowance Services are covered in full once every plan year, after a maximum \$60.00 copayment ^{****}	Exam & \$210 Exam & \$105 \$0	15% Savings at private practice locations is for Fitting and Evaluation only. Necessary and Elective for contact lenses are not covered.	Not covered
Prescription Glasses Discount	20% - Savings on additional pairs of prescription glasses, non-prescription sunglasses and lens enhancements from a MetLife vision member doctor.	- Single vision \$25 allowance - Lined bifocal \$40 allowance - Lined trifocal \$55 allowance - Lenticular \$80 allowance	20% - Savings on additional pairs of prescription glasses, non-prescription sunglasses and lens enhancements from a MetLife vision member doctor.	None
Prescription Contact Lenses Discount	Standard or premium fit covered in full with a copay not to exceed \$60	Applied to the allowance for contact lenses	15% Savings is for the fitting and evaluation only at private practice locations only (Does NOT apply to Walmart/Sams Club)	Not covered
Laser Vision Care Program Discount	15%	None	15%	None
	Average 15 percent off the regular price or five percent off a promotional offer for laser surgery, including LASIK, Custom LASIK and PRK surgeries. This offer is only available at MetLife participating locations.			

[†] These are patients who cannot have their vision corrected with standard glasses/lenses. They HAVE to have contact lenses which makes them necessary.

[†] Copayments apply in-network (MetLife Vision Member Doctor) at the time of service.

^{*} Within Plan Limitations. If you select a frame that costs more than your plan allowance, there will be an additional charge you will pay out of pocket. When you visit a MetLife Vision member doctor, ask him/her which frames are covered in full. The allowance is very competitive and ensures a good choice with little or no out-of-pocket cost.

There will be an extra cost if you select materials or services that are elective or cosmetic in nature, such as tints and scratch coatings.

^{**} Exam and contact lenses are also covered once every plan year, if necessary, provided you have not received spectacle lenses in the same plan year. You may receive eyeglass frames every other plan year. You may receive either spectacle lenses or contact lenses in the plan year, but not both.

^{***} There is a single materials Copayment of \$20 on lenses and frames or medically necessary contact lenses.

^{****} Fifteen percent discount applies to Member Doctor's usual and customary professional fees for contact lens evaluation and fitting.

Hearing



Why have a Hearing Plan?

Hearing is one of the five natural senses that allow us to enjoy life and the world around us. Music, radio, television, movies and theater all become less accessible and enjoyable without the benefit of hearing. And the loss of sounds, like sirens and alarms can actually endanger your life.

Hearing is a valued life asset that can be protected, treated and assisted through a program for hearing healthcare. The EPIC Hearing Service Plan provides easy access to hearing health professionals – primarily physicians and audiologists who can help you achieve your maximum hearing potential throughout your life.

EPIC's Five-Step Plan

The EPIC Hearing Service Plan starts with an evaluation of your ears and hearing. Diagnostic tests and measures will determine the course of treatment most likely to help you hear better. The EPIC Hearing Plan's five basic steps to good hearing include:

1. Pure Tone Hearing Test – to determine if a hearing problem exists
2. Functional Assessment – to define the magnitude of the problem and the technology best suited to treat it
3. Hearing Aid Evaluation – to determine your ability to wear a hearing aid and select the best model and make
4. Fitting and Programming your hearing aid
5. Therapy and Training – to fine tune your device and maximize the benefits you receive

How the EPIC Plan Works

1. Call EPIC at 866-956-5400.
2. A hearing counselor will register you and assist in determining your healthcare needs.
3. You will receive a Hearing Service Plan booklet outlining all plan benefits, services and pricing.
4. A hearing counselor will coordinate a referral to a provider location near your home or work.

5. Contact the provider; follow through with an appointment, examination and treatment.
6. EPIC will coordinate and manage the provider network, provider fee schedule, provider referral, customer service, account management and client reporting.
7. EPIC will assist you in coordinating any insurance benefits or coverages, when applicable.
8. Contact EPIC at any time for assistance, advice or additional information at 866-956-5400.

When to call EPIC

If you or a family member experience any of the following, you may have a hearing problem that could be helped by a hearing health professional:

- Difficulty understanding voices and words (especially those of women and children)
- Occasional ringing in one or both ears
- Itching in the ear canals
- Difficulty understanding in noisy situations
- Turning up the television volume to understand the dialogue

In addition, some more serious symptoms merit immediate attention by a physician:

- A sudden hearing loss
- Spinning and dizziness with vomiting
- Persistent ringing in one ear
- Blood or fluid draining from one or both ears
- Persistent pain in one or both ears

Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO Policy Form #M-9091.

Hearing

YOUR MONTHLY HEARING RATES

Retiree Only	\$1.96
Retiree & Children	\$2.88
Retiree & Spouse	\$3.89
Retiree & Family	\$4.80

FEATURE	BENEFIT AMOUNT	FREQUENCY
Examination <ul style="list-style-type: none">• Adults• Children	\$70 \$70	Adults: Once Every 2 Years Children: Once Every Year
Hearing Aid Device <ul style="list-style-type: none">• Adults• Children	\$500 Per Ear Device Benefit \$500 Per Ear Device Benefit	Adults: Once Every 5 Years Children: Once Every 2 Years

SUMMARY OF ADDITIONAL HEARING PRODUCTS AT DISCOUNTED PRICES*

- Hearing Device Batteries – Discount battery program provides savings up to 40 percent off MSRP on name brand batteries.
Orders are shipped direct with no shipping fees. EPIC will provide a one-year supply of batteries for any hearing aid(s) purchased in-network at the completion of the trial period.
- Product Warranties - EPIC provides an extended 3-year warranty on all hearing aid purchases at no additional cost to you.

Call EPIC to order or for more information, 1-866-956-5400.

* These are discounted items and are not insured benefits.

Group Legal

The Freedom and Control to Embrace Life's Opportunities

We want you to embrace life's opportunities with fewer worries. That's why we're excited to provide you with legal insurance from ARAG®. It's affordable legal counsel for everyday life matters – like a dispute with a contractor, buying or selling a home or the need for estate planning. The plan provides you with peace of mind knowing that attorney fees for most covered legal matters are 100 percent paid in full when you work with a Network Attorney. That means you'll avoid paying high-cost attorney fees, which currently average \$343 an hour*.

Resolve Your Legal Issues with a Network Attorney by Your Side

When a life event turns into a legal issue, ARAG will be there for you, backed by a nationwide network of more than 13,000 credentialed attorneys. They can review or prepare documents, make follow-up calls or write letters on your behalf, provide legal advice and consultation, and represent you in court. Rely on legal help and protection with a wide range of covered services. For additional details regarding your plan's specifically-covered services, visit **ARAGLegalCenter.com** and enter **Access Code 18387ret** to learn more about what these plans offer, research specific legal topics and more.

Pre-existing and Personal Legal Matters

For any legal matters not covered and not excluded, you may be eligible to receive a minimum 25 percent reduced fee off a Network Attorney's normal hourly rate.

Call for Questions or Legal Assistance

You can also get assistance from trusted professionals and an award-winning Customer Care Center, with dedicated representatives who will help you navigate your legal issues. Call 800-247-4184 to speak with an ARAG Customer Care Specialist.

YOUR MONTHLY GROUP LEGAL RATES

Retiree & Family

\$11.50

Visit **ARAGLegalCenter.com**
and enter **Access Code 18387ret** to
learn more about your legal benefit!

See the plan options on
the following page.

* Average attorney rates in the United States of \$343 per hour for attorneys with 11-15 years of experience, Survey of Law Firm Economics, The National Law Journal and ALM Legal Intelligence, November 2018

Group Legal

Legal Insurance from ARAG®



Count on a wide range of coverage and services, like the examples shown below, that address the legal matters you encounter in life:

For your organization's complete list of covered matters and coverage levels, visit ARAGlegal.com/myinfo, Access Code 18387wv.

Plan Options	Ultimate Advisor®
Consumer Protection	
Auto Repairs, Buy/Sell a Car, Consumer Fraud, Contractors and More	•
Insurance Disputes	•
Estate Planning	
Wills and Powers of Attorney	•
Estate Administration & Closing (9 Hours)	•
Family	
Adoption	•
Contested Divorce (20 Hours)	•
Uncontested Divorce	•
Elder Law	•
Guardianship/Conservatorship	•
Name Change	•
Prenuptial Agreements	•
Domestic Violence Protection	•
Mental Incompetency or Infirmary	•
School Administrative Hearings	•
Real Estate	
Buy/Sell - Primary Residence	•
Home Equity Loan - Primary Residence	•
Refinance - Primary Residence	•
Real Estate Disputes - Primary Residence	•
Neighbor Disputes - Primary Residence	•
Easement	•
Zoning and Variances	•
Building Codes	•
Disputes with a Landlord - Contracts, Lease, Eviction, Deposits	•
Traffic and Vehicle	
Minor Traffic (Excluding DWI)	•
Driving Privilege Restoration	•
Driving Privilege Protection (Excluding DWI)	•
Immigration	
Immigration Services	•
Benefits	
Social Security/Veterans/Medicare	•
Identity Theft	
Identity Theft Services	•
Taxes	
IRS Audit Protection	•
IRS Collection Defense	•
State and Local Tax Audit	•
State and Local Tax Collection Defense	•
Property Tax - Primary Residence	•
Debt	
Bankruptcy	•
Defense of Debt Collection	•
Foreclosure	•
Defense of Garnishment	•

Plan Options	Ultimate Advisor®
Criminal	
Criminal Misdemeanor Defense	•
Habeas Corpus	•
Parental Responsibilities	•
Juvenile Court	•
Civil Damage Defense	
Libel/Slander, Pet-Related Matters and More	•
General Coverages	
Credit Record Correction	•
Small Claims Court	•
Document Preparation and Review	•
Personal Property Protection	•

Top Plan Uses:

- Estate Planning**
Meet with a network attorney to protect everything you've worked so hard for with a will, living will or the appropriate powers of attorney.
- Family Law**
When you face challenges like child custody or child support issues, our network attorneys can provide assistance.
- Traffic Tickets**
Our network attorneys will provide resources and assistance to help you defend a traffic offense and can even represent you in court.
- Property Protection**
Our network attorneys can help you address neighbor disputes, boundary disagreements and personal loans.
- Consumer Protection**
Get advice from a network attorney for issues/problems with auto repairs, contractors, buying a car or addressing other types of fraud.

You may be eligible to receive a minimum **25% reduced fee** off a Network Attorney's normal hourly rate for any other non-covered, non-excluded issues.



800-247-4184

ARAGlegal.com/myinfo, access code 18387wv

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

Rev 3/19 200277

(Cannot be used by spouses against policyholder)

Changing Your Coverage

It is important that you carefully consider your benefit elections during your initial enrollment as a retiree or during any annual open enrollment. Coverage you select will remain in effect the entire plan year, except under limited circumstances as described below.

Changes to Coverage

Once you elect coverage, you may only change your coverage mid-plan-year due to marriage, divorce, birth or death. You may increase or decrease coverage only for the individual(s) involved. You may also decrease or cancel coverage if your spouse or a dependent becomes ineligible for coverage under your plan, or becomes eligible for coverage under another employer's plan, a state CHIP program or Medicare/Medicaid.

Coverage you cancel cannot be reinstated until the next annual open enrollment period.

How do I make a change?

Contact FBMC Service Center at 1-844-55-WVA4U (1-844-559-8248) with your change information. Any changes to your retiree benefits will require your written authorization. Premium changes will be promptly initiated after your request has been received and will become effective the first of the following month after receipt of all processable data. Changes will not be made retroactively. However, if you are having premium payments deducted from your retirement check, any required refunds will be completed as soon as verification is received that your deduction has changed. Refunds are processed one time each month and are mailed no later than the 15th of the following month.

Please send your written requests for changes to:

FBMC Benefits Management, Inc.
Attn: Retiree and Direct Bill Department
PO Box 10789
Tallahassee, Florida 32302-2789

What are the Plan's Rules for Governing Changes in Status?

- 1. Loss of Dependent Eligibility** – If a change in your marital status involves a decrease or cessation of your spouse's or dependent's eligibility for coverage due to your divorce or annulment from your spouse, your spouse's or dependent's death or a dependent ceasing to satisfy eligibility requirements, then you may decrease or cancel coverage only for the individual involved. You cannot decrease or cancel any other individual's coverage under these circumstances.
- 2. Gain of Coverage Eligibility Under Another Employer's Plan** – If you, your spouse or your dependent gains eligibility for coverage under another employer's plan as a result of a change in marital or employment status, then you may cease or decrease that individual's coverage.

Changing Your Coverage

Changing Your Benefits During The Plan Year

You will have the month of and two months following a qualifying event to submit an election form and supporting documentation to FBMC. Upon the approval of your election change request, your existing benefit elections will be stopped or modified (as appropriate). However, if your benefit election change request is denied, you have the month of and two months following from the date, to file an appeal with FBMC. For more information, contact the FBMC Service Center for information on rules governing periods of coverage and IRS Special Consistency Rules.

Changes In Status:

Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, death, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid Change In Status (CIS) event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain or Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Change in Residence*	A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under an employer's plan includes moving out of an HMO service area.

Some Other Permitted Changes:

Open Enrollment Under Other Employer's Plan*	You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer's plan if they participate in their employer's plan and: <ul style="list-style-type: none">• The other employer's plan has a different period of coverage (usually a plan year) or• The other employer's plan permits mid-plan year election changes under this event.
Judgment/Decree/Order†	If a judgment, decree or order from a divorce, legal separation (if recognized by state law), annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Medicare/Medicaid†	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	If your employer's group health plan(s) are subject to HIPAA's special enrollment provision, the IRS regulations regarding HIPAA's special enrollment rights provide that an IRC § 125 cafeteria plan may permit you to change a salary reduction election to pay for the extra cost for group health coverage, on a pretax basis, effective retroactive to the date of the CIS event, if you enroll your new dependent within 30 days of one of the following CIS events: birth, adoption or placement for adoption. Note that a Healthcare FSA is not subject to HIPAA's special enrollment provisions if it is funded solely by employee contributions.
Family and Medical Leave Act (FMLA) Leave of Absence	Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. Contact your employer for additional information.

* Does not apply to a Healthcare FSA plan.

† Does not apply to a Dependent Care FSA plan.

Notices

HIPAA Privacy

The Plan complies with the privacy requirements of the Health Insurance Portability and Accountability Act of (HIPAA). These requirements are described in a Notice of Privacy that was previously given to you. A copy of this notice is available upon request.

DISCLAIMER - HEALTH INSURANCE

BENEFITS PROVIDED UNDER HEALTH INSURANCE PLAN(S)

Health Insurance benefits will be provided not by your employer's flexible benefits plan, but by the health insurance plan(s). The types and amounts of health insurance benefits available under the health insurance plan(s), the requirements for participating in the health insurance plan(s) and the other terms and conditions of coverage and benefits of the health insurance plan(s) are set forth from time to time in the health insurance plan(s). All claims to receive benefits under the health insurance plan(s) shall be subject to and governed by the terms and conditions of the health insurance plan(s) and the rules, regulations, policies and procedures from time to time adopted.

NOTICE OF FBMC'S CAPACITY

FBMC Benefits Management, Inc. (FBMC) has been authorized by your employer to provide certain administrative services for some the insurance plans offered within your employer's benefit program. Importantly, FBMC is not the policyholder or an insurance company. The policyholder is the entity to whom the insurance policy has been issued; the employer is the policyholder for group insurance products and the employee is the policyholder for individual products. The policyholder is identified on either the face page or schedule page of the policy or certificate. The insurance companies noted in this guide have been selected by your employer and are liable for the funds to pay your insurance claims.

Retiree Benefits Directory

ARAG

(Legal)

Customer Care Number:

Monday – Friday, 7 a.m. to 7 p.m. CT

1-800-247-4184

1-800-383-4184 for TTY

Access Code: 18387ret

Delta Dental of West Virginia

(Dental) Plan #01058

Customer Service

Monday – Friday, 8 a.m. – 8 p.m. ET

1-800-932-0783

deltadentalins.com

EPIC Hearing Service Plan

(Hearing Benefits)

Monday – Friday, 9 a.m. – 9 p.m. ET

1-866-956-5400

epichearing.com

FBMC Benefits Management, Inc.

(Contract Administrator)

FBMC Service Center

Monday – Friday, 7 a.m. – 7 p.m. ET

1-844-55-WVA4U (1-844-559-8248)

MetLife

(Vision)

Customer Service

Monday – Friday, 8 a.m. – 11 p.m. ET

Saturday, 10 a.m. – 11 p.m. ET

Sunday, 10 a.m. – 10 p.m. ET

1-855-638-7339 (855-MET-SEE9)

mybenefits.metlife.com/westvirginia

2019 Benefit Fair Schedule

Date	Location	Time
Thursday, April 11	Courtyard by Marriott 100 Kanawha Blvd Charleston, WV 25301	3 p.m. – 6 p.m.
Tuesday, April 16	Tamarack Conference Center 1 Tamarack Park Beckley, WV 25801	3 p.m. – 7 p.m.
Wednesday, April 17	Holiday Inn 800 3rd Ave Huntington, WV 25701	3 p.m. – 7 p.m.
Thursday, April 18	Comfort Suites of Parkersburg 167 Elizabeth Pike Mineral Wells, WV 26150	3 p.m. – 7 p.m.
Tuesday, April 23	WV Northern Community College 1704 Market Street Wheeling, WV 26003	3 p.m. – 7 p.m.
Wednesday, April 24	University Holiday Inn 1188 Pineview Drive Morgantown, WV 26508	3 p.m. – 7 p.m.
Thursday, April 25	Holiday Inn 301 Foxcroft Avenue Martinsburg, WV 25401	3 p.m. – 7 p.m.



Contract Administrator
 FBMC Benefits Management, Inc.
 PO Box 1878 • Tallahassee, Florida 32302-1878
 FBMC Service Center 1-844-55-WVA4U (1-844-559-8248)
 Mon. - Fri., 7 a.m. - 7 p.m. ET

Information contained herein does not constitute an insurance certificate or policy.
 Certificates or policies will be provided to participants following the start of the plan year, if applicable.